

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 12 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. St. Joseph's Hospital)

File No.

28373

Registered No.

956

St.

Ward

Charles Herman

2. FULL NAME

(a) Residence, No. 55 E. Valley

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth? 51 yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Married (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Alice Henman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

71

2

10

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Yard man

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Stock Yards Co.

10. Date deceased last worked at
this occupation (month and
year) July 1934

11. Total time (years)
spent in this
occupation 22

12. BIRTHPLACE (CITY OR TOWN),
(STATE OR COUNTRY)

Great Houghton
England

FATHER

13. NAME

William Francis Henman

14. BIRTHPLACE (CITY OR TOWN),
(STATE OR COUNTRY)

Unknown
England

MOTHER

15. MAIDEN NAME

Elezebeth Savage

16. BIRTHPLACE (CITY OR TOWN),
(STATE OR COUNTRY)

Unknown
England

17. INFORMANT

Mrs. Alice Henman

(ADDRESS)

55 E. Valley St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ashland Cem.

DATE

Aug. 13, 1934

19. UNDERTAKER

Clark Mortuary

(ADDRESS)

5025 King Hill Av.

20. FILED

873-1934

John H. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug. 10, 1934

22.

HEREBY CERTIFY, That I attended deceased from

July 29, 1934 to Aug. 10, 1934
last saw him alive on 8-10-1934 Death is said
to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:

Shock - following
operation for obstructing
prostate

Other contributory causes of importance

Uremia

Name of operation

Prostatectomy

Date of 8-2-34

What test confirmed diagnosis? Operative Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Paul J. Jones
St. Joseph, Mo.

M. D.

(Address)

